CARRIER FOR NONPROFITS QUARTERLY REPORT

FOR _____QUARTER, 2017

| CARRIER NAME AND ADDRESS: | FNP NO | | |
|---------------------------|--------------------|--|--|
| | PHONE NO | | |
| | FEIN OR SSN | | |
| | CERT. OR PERMIT NO | | |
| | | | |
| | DOT NO. | | |
| | | | |

NOTE: THE QUARTERLY REPORT SHALL BE FILED WITHIN 30 DAYS AFTER THE END OF THE CALENDAR QUARTER TO WHICH IT RELATES. PURSUANT TO CODE OF ALABAMA 1975, TITLE 37, SECTION 3-4, AND RULE 20.6 OF THE ALABAMA PUBLIC SERVICE COMMISSION MOTOR CARRIER GENERAL ORDERS RULES AND REGULATIONS 1985, AS AMENDED.

LIST OF CLIENTS FOR THE QUARTER

(EXEMPT TAX NO.)

| NAME | ADDRESS | TRIP DATE | RATE / FARE | GROUP CHARGE | CLIENTS TAX ID |
|------|---------|-----------|-------------|--------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |